MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
REQUEST FOR GEOHYDROLOGIC EVALUATION OF LIQUID-WASTE TREATMENT FACILITY/SITE

FACILITY OR PROJECT LOCATION

FACILITY OR PROJECT NAME

¼ ¼ ¼ SECTION	¼ ¼ SECTION	¼ SECTION	SECTION	TOWNSHIP	RANGE	QUADRANGLE NAME
				N.	E/W	

WRITTEN LOCATION IF LEGAL DESCRIPTION IS UNAVAILABLE   COUNTY

OWNER INFORMATION

OWNER'S NAME   TELEPHONE

ADDRESS	CITY	STATE	ZIP CODE
FACILITY ADDRESS (IF DIFFERENT FROM OWNER'S)	CITY	STATE	ZIP CODE

EVALUATION REQUESTED BY

NAME AND COMPANY OF REQUESTOR   TELEPHONE

ADDRESS	CITY	STATE	ZIP CODE

FACILITY INFORMATION

TYPE OF FACILITY

☐ LAGOON   ☐ MECHANICAL TREATMENT PLANT   ☐ STORAGE BASIN

☐ RECIRCULATING FILTER BED   ☐ LAND APPLICATION

☐ OTHER _____

CONSTRUCTION MATERIALS

☐ EXISTING SOILS

☐ CONCRETE

☐ OTHER _____

DISCHARGE

☐ WILL DISCHARGE

☐ WILL NOT DISCHARGE

TYPE OF WASTE

☐ HUMAN   ☐ LEACHATE

☐ ANIMAL   ☐ OTHER

☐ PROCESS/INDUSTRIAL

THIS PORTION APPLIES TO LAGOONS AND STORAGE BASINS ONLY

NUMBER OF CELLS

_____ EXISTING

_____ PROPOSED

_____ UNDER CONSTRUCTION

TOTAL ESTIMATED SIZE OF STORAGE BASIN/ LAGOON IN ACRES

☐ < = 1 acre
☐ > 1 acre and < = 2 acres
☐ > 2 acres and < = 3 acres
☐ > 3 acres and < = 4 acres
☐ > than 4 acres

MAXIMUM OPERATING DEPTH OF LIQUIDS IN FEET

☐ < = 5 feet
☐ > 5 feet and < = 10 feet
☐ > 10 feet and < = 15 feet
☐ > 15 feet and < = 20 feet
☐ > than 20 feet

MAXIMUM DEPTH OF PROPOSED EXCAVATION IN FEET

WILL FACILITY BE PART OF A CLASS 1A CONFINED ANIMAL FEEDING OPERATION?

☐ YES   ☐ NO

IF LAND APPLICATION, SPECIFY RATE IN TOTAL INCHES/SEASON

_____ HIGH   _____ LOW

NUMBER OF ACRES TO BE LAND APPLIED

_____ ACRES

WILL STATE REVOLVING FUNDS BE APPLIED FOR?

☐ YES   ☐ NO   ☐ MAYBE

SKETCH OR MAP MUST BE SUBMITTED WITH REQUEST!

Attach sketch or a topographic map showing all known wells, springs, sinkholes, caves, and mines within ½ mile of the facility. Show locations of existing test borings, test pits, or excavations which expose soil, if backhoe or other exploration has been done – send copy of results or, if planned, let us know of date. Show the proposed location of the facility, land application areas, and discharge point (if applicable). Please show north arrow on sketch.

COMMENTS

OWNER'S SIGNATURE (INDICATES PERMISSION TO ACCESS PROPERTY)   DATE

MO 780-1688 (8-01)

MAIL COMPLETED COPY TO: **DEPARTMENT OF NATURAL RESOURCES, ENVIRONMENTAL GEOLOGY SECTION, P.O. BOX 250, ROLLA, MO 65402-0250**
PHONE: (573) 368-2161   FAX: (573) 368-2111   E-MAIL ADDRESS: gspeg@mail.dnr.state.mo.us